

MARYLAND BOARD OF PHYSICIANS

P.O. Box 17314
Baltimore, MD 21297-0475

RESPIRATORY CARE PRACTITIONERS IMPORTANT LICENSE RENEWAL INSTRUCTIONS

To ensure the expeditious processing of your license renewal, please refer to these instructions when completing your renewal application.

1. Write or type your license number and name in the space above the non-public address box.
2. Enclose the renewal fee of \$164.50*. Make check or money order payable to the **Maryland Board of Physicians. Do Not Send Cash.** Write your license number on payment. Mail your fee and completed renewal form to the address at the top of this page.
3. **Renew before 5/30/08.** Applications for license renewal must be postmarked on or before your current expiration date. Failure to renew by May 30, 2008 may result in termination of your license to practice respiratory care in Maryland.
4. **Social Security Number:** Maryland law requires the Board of Physicians to collect Social Security numbers from all persons applying for or renewing their professional licenses or certificates. Disclosure of your Social Security number is mandatory. The Maryland Board of Physicians is permitted by State, Federal law or regulation to use the Social Security number for the following purposes:
 - a. Verification of identity with respect to actions related to your license;
 - b. Administration of the Child Support Enforcement Program (Family Law Article, §10-119.3);
 - c. Identification by the Department of Assessments and Taxation of new businesses in Maryland (Health Occupations Article, §1-210);
 - d. Verification of payment of undisputed Maryland taxes or Unemployment Insurance Contributions (Chapter 203, Acts 2003; Health Occupations §1-213).
 - e. Verification by the Maryland Medicaid program of licensure and sanctions for providers participating in Medicaid (42 U.S.C. §1396(a)(49); 42 U.S.C. §1396r-2; 42 U.S.C. §1320 a-7).
5. **Change of Name:** A copy of your marriage certificate, divorce decree, or court order, which validates the name change, must be attached to your application.
6. **Address Changes:** If your address has changed, please update in the space provided for address changes.

Non-public Address/Public Address: By law, the licensing board is required to provide the public address of a licensee, upon request. If a public address is unavailable, then the Board will provide the non-public address. The non-public address is where the Board will automatically send your mail.

Therefore:

If you have not already provided the Board with a public address, write the address you want as your public address in the space provided for Address Changes.

7. **Respond to all Item 1 Questions :** If you answer **AYES@** to any question, please provide a detailed explanation and all relevant documents. Examples of relevant documents include but limited to: *state board orders and/or charges; adverse or disciplinary actions; police reports; court orders or judgments; orders of probation; certificates and/or letters of completion of any mandatory program; malpractice claims; physician evaluations; health claims, military discharge documents, etc.*
8. **Continuing Education:** 16 hours of continuing education, obtained during the period of 05/31/06 thru 05/30/08 are required. Do not send CE documentation to the Board; however, retain documentation of your personal records for 6 years. CE documentation may be requested at a later date as part of the Board's audit process. If this is your first renewal after initial licensure or reinstatement, the continuing education requirement is waived.
9. **Check your application for completeness:**
 - 9 Answer all questions and attach all required documentation.
 - 9 Sign and date renewal application.
 - 9 Include signed check with application. Make check payable to Maryland Board of Physicians.

***IMPORTANT NOTICE**

The total renewal fee of \$164.50 includes: (a) renewal fee of \$135; and (b) \$29.50 assessment to fund the Maryland Health Care Commission (MHCC) as required by law (Md. Code Ann. Health Occ. ' 1-209). Comments concerning the MHCC fee assessment should be sent to Maryland Health Care Commission, 4160 Patterson Avenue, Baltimore, MD 21215

Online Instructions
3/13/08